

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mary Jo Hudson							
Full Name of Contributor Paul Feeney						Registration Number, if PAC	
Street Address 158 Buttles Ave			Employer/Occupation/Labor Organization* Oracle Sales			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215-1402	M 03	D 13	Y 15	Amount \$500.00
Full Name of Contributor Diane Fisher						Registration Number, if PAC	
Street Address 3474 N High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43214-4056	M 03	D 08	Y 15	Amount \$50.00
Full Name of Contributor Michael Gonslorowski						Registration Number, if PAC	
Street Address 2666 Brentwood Rd			Employer/Occupation/Labor Organization* PNC Executive			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209-2111	M 03	D 09	Y 15	Amount \$150.00
Full Name of Contributor Huntington Bancshares Inc PAC						Registration Number, if PAC c0165589	
Street Address 41 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215-6170	M 04	D 07	Y 15	Amount \$3,000.00
Full Name of Contributor Amy Kessler						Registration Number, if PAC	
Street Address 356 Rosstyn Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43214-1446	M 02	D 24	Y 15	Amount \$50.00
Full Name of Contributor Monica Lindeen						Registration Number, if PAC	
Street Address 2609 Gold Rush Ave			Employer/Occupation/Labor Organization* State of Montana Insurance Commissioner			Form (Cash, Check, etc.) Credit Card	
City Helena		State MT	Zip Code 59601-5622	M 03	D 08	Y 15	Amount \$250.00
Full Name of Contributor Kristin Long						Registration Number, if PAC	
Street Address 443 Garden Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214-2234	M 03	D 02	Y 15	Amount \$50.00
Full Name of Contributor Michael Marino						Registration Number, if PAC	
Street Address PO Box 2805			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Westerville		State OH	Zip Code 43086-2805	M 02	D 25	Y 15	Amount \$100.00

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$4,150.00